



LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PUBLIC SAFETY SERVICES
SUPPLEMENTAL PAY

VERIFICATION OF SUPPLEMENTAL PAY

To be completed by Requestor or Employee:

Requestor Name: _____

Institution Name: _____

Address: _____

Telephone No. _____ Fax No. _____

I. Employee Information Select corresponding box and print clearly or type the remaining information in this section.

☐ Constable ☐ Justice of the Peace ☐ Fire ☐ Marshal ☐ Police

I, _____, (_____)
First Name MI Last Name Social Security Number

do hereby authorize the release of the confidential information listed below to the necessary Supplemental Pay staff, in order to complete an employment verification and to provide current and past salary amounts to the requestor listed above.

Signature of Employee

To be completed by Supplemental Pay Staff:

II. Present Employment

A. Applicant's Date of Employment _____

B. Current Gross Base Pay \$ _____ monthly

C. Gross Earnings: (Table below)

Type	Year to Date thru _____	Past Year: _____	Past Year: _____
Base Pay	\$ _____	\$ _____	\$ _____
Commissions, Overtime, Bonus	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$ _____	\$ _____	\$ _____

III. Probability of Continued Employment – Continuation of Supplemental Pay is contingent upon maintaining employment and eligibility requirements.

IV. Remarks – These earnings are LA Supplemental Pay for Municipal Firemen and Policemen issued in accordance with LA RS 40:1667 – 40:1667.8. Supplemental Pay is taxable.

V. Authorized Signature

Signature of Employer

Title

Date

Printed Name

225-925-6347 / 225-925-3973

Phone No. / Fax No.